| Fill in this information to iden  | tify the case:  | 3  |
|---|---|--|
| United States Bankruptcy Court  |   | ☐ Check if this is an  |
| Official Form 205   |   | amended filing   |
| Involuntary Pe  | etition Against a Non-Ind   | lividual 12/15   |
| a case against an individual, use   | otcy case against a non-individual you allege to be a de<br>the <i>Involuntary Petition Against an Individual</i> (Official<br>y additional sheets to this form. On the top of any addi | btor subject to an involuntary case. If you want to begin<br>Form 105). Be as complete and accurate as possible. If<br>tional pages, write debtor's name and case number (if |
| Part 1: Identify the Chapte   | er of the Bankruptcy Code Under Which Petition  | is Filed   |
| Chapter of the     Bankruptcy Code  | Check one: Chapter 7 Chapter 11   |  |
| Part 2: Identify the Debtor   | <u> </u>  |  |
| 2. Debtor's name  | NYE FARM TECH, LTI  | )  |
| 3. Other names you know<br>the debtor has used in<br>the last 8 years     | A BEEZ NU ORGANIC<br>ABZ FARM, LLC  | FARMS, LLC   |
| Include any assumed<br>names, trade names, or<br>doing business as names. |   |  |
| 4. Debtor's federal<br>Employer Identification<br>Number (EIN)            | Unknown<br>-  |  |
| 5. Debtor's address   | Principal place of business   | Mailing address, if different  |
| J. Boxtol o addices   | S400 NORTH HIGHWAY 160  | 1999 WEST PAINTE STREET  |
|   |   | BOX 337 P.O. Box   |
|   | PAHRUMP NV 89060  City State ZIP Code   | AMARGOSA VALLEY NV 89000 City State ZIP Code   |
|   |   | Location of principal assets, if different from principal place of business  |
|   | N Y E   | Number Street  |
|   |   | City State ZIP Code  |

## Case 16-12392-abl Doc 1 Entered 04/29/16 15:03:41 Page 2 of 5

Debtor

NYE FARMTECH, LTD

| Case number | (if known) |
|-------------|------------|
|-------------|------------|

| 6.  | Debtor's website (URL)  | _ N/A   |   |
|---|---|---|---|
| 7,  | Type of debtor  | Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  Partnership (excluding LLP)  Other type of debtor. Specify:  |   |
| 8.  | Type of debtor's business   | Check one:  |   |
|   |   | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |   |
|   |   | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |   |
|   |   | Railroad (as defined in 11 U.S.C. § 101(44))  |   |
|   |   | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  |   |
|   |   | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))   |   |
|   |   | ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  |   |
|   |   | None of the types of business listed.   |   |
|   |   | Unknown type of business.   |   |
| 9.  | 9. To the best of your No   |   |   |
|   | knowledge, are any<br>bankruptcy cases  | Yes. Debtor Relationship  |   |
|   | pending by or against   |   |   |
|   | any partner or affiliate  | District Date filed Case number, if known   | - |
| *<br>:  | of this debtor?   |   |   |
|   |   | Debtor Relationship   |   |
|   |   |   |   |
|   |   | District Date filed Case number, if known   | • |
| {   |   |   |   |
|   | 2 2 2 2 2 4 About the   |   |   |
|   | Report About the  | Case  |   |
| 10  | . Venue   | Check one:  |   |
|   |   | Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  |   |
|   |   | ☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.  |   |
| 11  | 11. Allegations Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). |   |   |
|   |   | The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).  |   |
|   |   | At least one box must be checked:   |   |
|   |   | The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  |   |
| ***************************************                                   |   | ☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. |   |
| 111   | , Has there been a  | X <sub>No</sub>   |   |
| 5.4<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5 | transfer of any claim against the debtor by or to any petitioner?                           | laim or by or ☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy   |   |
| <u>:</u>  | uij pennoner:   |   |   |

| . Each petitioner's claim   | Name of petitioner   | Nature of patitioner's claim   | Amount of the claim                               |
|---|--|--|---|
| <b>,</b>  | KONSTANTINHINEUSKI   | •  | shove the value of                                |
| CIVICAN   | O CORPORATE CONSULTING BRO   | ,  | POR AND THE                                       |
| Cipicili  | - CAULANTE L MOSCH HAP BACK  | VP VNITTO DETV. TOVINE   | s 67, 016   |
|   | HAUNTEC, PLLC  | ENGLWEERING SERV   | : 3.00 t  |
|   |  | Total of petitioners' claims   | 315.046   |
| additional petitioning preditor   | patitioners, attach additional sheets. Write ting the format of this form, set out the information the patitioner's representation of the patitioner's representation of the form, followed by a patitioner's attorney.  | tion required in Parts 3 and 4 of the form t   | for each  |
| rt 4: Request for Relief  |  |  |   |
| WARNING - Bankruptcy fraud is<br>\$500,000 or imprisonment for up   | s a serious crime. Making a talse statement in co<br>to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1   | innection with a bankruptcy case can result in   | n fines up to                                     |
| Petitioners request that an order petitioning creditor is a corporation   | for relief be entered against the debtor under the<br>on, attach the corporate ownership statement red<br>in a foreign proceeding, attach a certified copy of  | chapter of 11 U.S.C. specified in this petition  | n. If a<br>Kloner is a                            |
|   | in this document and have a reasonable belief the  |  |   |
| Patitioners or Patitionars' Rep   |  | оптеув   |   |
|   |  |  |   |
| Name and malling address of p   | etitioner  |  |   |
| Name and malling address of p<br>KON STANTIN<br>Name  | MINEUSKIY S  | TEVEN J. SZOSTET   | K, E SQ.  |
| MAL COTA -  | MINEUSKIY S  | TEVEN J. SZOSTET   | K,E SQ.   |
| KON STANTIN<br>NATION<br>1745 DERBY HILL<br>Number Street<br>LAS VEGAS  | MINEUSKIY SAME   | 1 name, if any<br>1548 WEST SAHARA   |   |
| KONSTANTIN NAME 1745 DERBYHILL Number Street LAS VEGAS City   | MINEUSKIY  CIRCLE Fin  NU 89117  State ZIP Gode  LE  | name, if any   |   |
| KON STANTIN Name 1745 DERBY HILL Number Street LAS VEGAS Lity tame and mailing address of page  | MINEUSKIY  CIRCLE Firm  NU 8917  State ZIP Code  | S48 WEST SAHARA  Street SVEGAS  TOD  State   | AVE,  |
| KON STANTIN Name 1745 DERBY HILL Number Street LAS VEGAS City Itame and realiting address of particular Steven J Tame                                     | MINEUSKIY  CIRCLE  Fin  State  ZIP Code  Num  State  State  State  State  City  State  City  State  City  State  Core  State  State  Core  State  State  State  Core  State   | The street of th |   |
| Name  1745 DERBY HILL Number Street LAS VEGAS City  Name and mailing address of positions.  | MINEUSKIY  CIRCLE Fin  NU 8917  State ZIP Code  Publicationer's representative, if any  SEDSTEK 259  Bar   | Trame, if any  SYS WEST SAHARA  Street  SUP  TOD  State  TOD  Tact phone 325-5004 Email SZO  Tumber 3904   | AVE, 89117 ZPCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC |
| KON STANTIN Name 1745 DERBY HILL Number Street LAS VEGAS City Itame and realiting address of particular Steven J Tame                                     | MINEUSKIY  CIRCLE  Fin  State  ZIP Code  Num  State  State  State  State  City  State  City  State  City  State  Core  State  State  Core  State  State  State  Core  State   | Trame, if any  SYS WEST SAHARA  Street  STEGAS  TOD  State  TOD  Tact phone  3904  ANV   | AVE, 89117 ZPCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC |
| KON STANTIN Name 1945 DERBY HILL Number Street IAS VEGAS Inv Itame and mailing address of page same umber Street Ity Ideolare under penalty of parjury to | MINEUSKIY  CIRCLE  Firm  State  ZIP Code  State  St | Trame, if any  SYS WEST SAHARA  Street  SUP  TOD  State  TOD  Tact phone 325-5004 Email SZO  Tumber 3904   | AVE, 89117 ZIPCOOM                                |
| KON STANTIN Name 1745 DERBY HILL Number Street LAS VEGAS Tity Tame and mailing address of post- SHEVEN J ame umber Street                                 | MINEUSKIY  CIRCLE  NU 8917  State ZIP Code  Pititioner's representative, if any  SEDSTEK 259  Cor  Bar  State  ZIP Code  hat the foregoing is true and correct.  | Trame, if any  SYS WEST SAHARA  Street  SUP  TOD  State  TOD  Tact phone 325-5004 Email SZO  Tumber 3904   | AVE, 89117 ZIPCOOM                                |

| Debtor  | Case number (# known)                    |
|---|--|
| Name and mailing address of petitioner                                      |  |
| CIVIC AND CORPORATE CONSULTING GROUD  | STEVEN J. STOSTEK, ESA                   |
| 100 D D   | Printed name                             |
| Number Street   | Firm name, if any                        |
| LAS VEBAS NU 89141  | 7848 WEST SAHARA AVE                     |
| City State ZIP Code   | Number Street                            |
| Name and mailing address of petitioner's representative, if any             | LAS VEGAS NV State C ZIP Code            |
| STEVEN J. SZOSKK ESG.   | Contact phone 325-6229 Email & EMAIL COM |
| Name  | Bar number 3904                          |
| Number Street   |  |
| City State ZIP Code   | State                                    |
| En Cour   |  |
| declare under penalty of perjury that the foregoing is true and correct,    | * Ituan & bolds                          |
| Executed on 17/20/20/16   | Signature of attorney                    |
| * Tucker Starl  | 1/ 02 0 0/                               |
| Signature of positioner or representative, including representative's title | Date signed 7 100 / YYYY                 |
| Name and mailing address of petitioner                                      | Printed name                             |
| Number Street   | Firm name, if any                        |
| City State ZIP Code   | Number Street                            |
| Name and mailing address of petitioner's representative, if any             | City State ZIP Code                      |
|   | Contact phone Email                      |
| Name  | Bar number                               |
| Number Street   |  |
| City State ZiP Code   | State                                    |
| I declare under penalty of perjury that the foregoing is true and correct.  |  |
| Executed on   | *  |
| MM / DD / YYYY  | Signature of attorney                    |
| £   | Day 25-24                                |
| Signature of petitioner or representative, including representative's title | Date signed MM / DD / YYYY               |

| Debtor None E FRM E (+) L 1 )  | Case number (Faccen)  |
|--|---|
| Name and mailing address of petitioner  HAUNTEC PLIC Name  | STEVEN J. SZOSTEK ESG   |
| 272/ IRONSIDE DRIVE Number Street LAS VEBAS NV 89108 City State ZIP Code   | 7848 WEST SAHARA AVE Number Street  |
| Name and mailing address of petitioner's representative, if any  | Context phone 325-6224 Email a G MATL COM   |
| Number Street  City State ZIP Code   | State <u>SYDY</u>   |
| I declare under penalty of perjury that the foregoing is true and correct.  Executed on 04/28/2016  MM: 100 1997 | Signature of attorney Rotek   |
| Signature of petitional or representative, including representative's title                                      | Date signed 4 26 201 6  |
| Name and mailing address of potitioner   | Mir. Berkentlich un der volls felder mogdemplatet dett ein sombgebertstande vom med Van handla. Bade dette, aven dem volls vollstegegegegegege bis volls ein und gen<br>B |
| Name   | Printed name  |
| Number Street  | · Firm name, if any   |
| City State ZIP Code  | Number Street   |
| Name and mailing address of petitioner's representative, if any  | City State ZIP Code  Contact phone Email  |
| Name   | Ber number  |
| Number Street  | State   |
| City State ZIP Code  |   |
| I declare under penalty of perjury that the foregoing is true and correct.                                       | ,<br><b>X</b>   |
| Executed on MM / DD / YYYY   | Signature of attorney   |
| Signature of petitioner or representative, including representative's title                                      | Date signed MM / DD / YYYY  |